

CLAIMS ONLY

Application Number

**Filing Date**

10/790361

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep	4					
Total Depend	29					
Total Claims	33					

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						